



***Maryland Home Health Agency
Statistical Profile: Fiscal Year 2004***

Released February 2008



Marilyn Moon, Ph.D., Chair

Vice President and Director, Health Program
American Institutes for Research

Gail R. Wilensky, Ph.D.
Vice Chair
Senior Fellow, Project Hope

Reverend Robert L. Conway
Retired Principal and Teacher
Calvert County Public School System

Garret A. Falcone
Executive Director
Charlestown Retirement Community

Tekedra McGee Jefferson, Esquire
Assistant General Counsel
AOL LLC

Sharon Krumm, R.N., Ph.D.
Administrator & Director of Nursing
The Sidney Kimmel Cancer Center
Johns Hopkins Hospital

Jeffrey D. Lucht, FSA, MAAA
Aetna Health, Inc.

Barbara Gill McLean, M.A.
Retired, Senior Policy Fellow
University of Maryland School of Medicine

Roscoe M. Moore, Jr., D.V.M., Ph.D., D.Sc.
Retired, U.S. Department of Health
and Human Services

Kurt B. Olsen, Esquire
Klafter and Olsen LLP

Sylvia Ontaneda-Bernales, Esquire
Ober, Kaler, Grimes & Shriver

Darren W. Petty
Vice President
Maryland State and DC AFL-CIO
General Motors/United Auto Workers

Andrew N. Pollak, M.D.
Associate Professor, Orthopaedics
University of MD School of Medicine

Sheri D. Sensabaugh
Small Business Owner
ACT Personnel Service Inc.

Nevins W. Todd, Jr., M.D.
Cardiothoracic and General Surgery
Peninsula Regional Medical Center

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INTRODUCTION

The *Maryland Home Health Agency Statistical Profile: Fiscal Year 2004* summarizes data on the utilization and financing of home health agency services. The data provided in this report was obtained from the information collected by the Maryland Health Care Commission's Home Health Agency Annual Report for fiscal year 2004. This data collection effort is designed to obtain a uniform data set from all home health agencies licensed to serve Maryland jurisdictions.¹ The Commission's Home Health Agency Annual Report survey requests information on overall agency operations and the demographic characteristics, payer types, and services provided to Maryland clients by their jurisdiction of residence.

This Statistical Profile provides an overview of home health agency characteristics, utilization and costs including: volume of admissions; referral sources; primary diagnosis on admission; length of care; average visits per Medicare client; disposition; average cost per visit; revenues by payer type; and home health agency personnel. Data provided on Maryland resident use of home health care include age group, unduplicated clients by payer type, and visits by payer type. A listing of the detailed tables summarizing agency and jurisdiction-specific data are provided in Appendix A. The actual data tables for fiscal year 2004 can be found under public use data sets on the Commission's website. Technical notes on the scope of the report, the data sources, and definition of terms are included in Appendix B.

Inquiries related to the *Maryland Home Health Agency Statistical Profile: Fiscal Year 2004* may be addressed to:

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Telephone: (410) 764-3460
FAX: (410) 358- 1311
Website: <http://mhcc.maryland.gov>

TTY for Disabled-Maryland Relay Service
1-800-735-2258

¹ In Maryland, there are various types of home care services provided to ill persons in their own place of residence. The range of home care services includes, but is not limited to, home health agencies (HHAs), residential service agencies (RSAs), nurse staffing agencies and nursing referral service agencies. This statistical profile is for licensed home health agencies only, as defined by COMAR 10.07.10.

***MARYLAND HOME HEALTH AGENCY STATISTICAL PROFILE:
FISCAL YEAR 2004 HIGHLIGHTS***

MARYLAND HOME HEALTH AGENCY STATISTICAL PROFILE: FISCAL YEAR 2004 HIGHLIGHTS

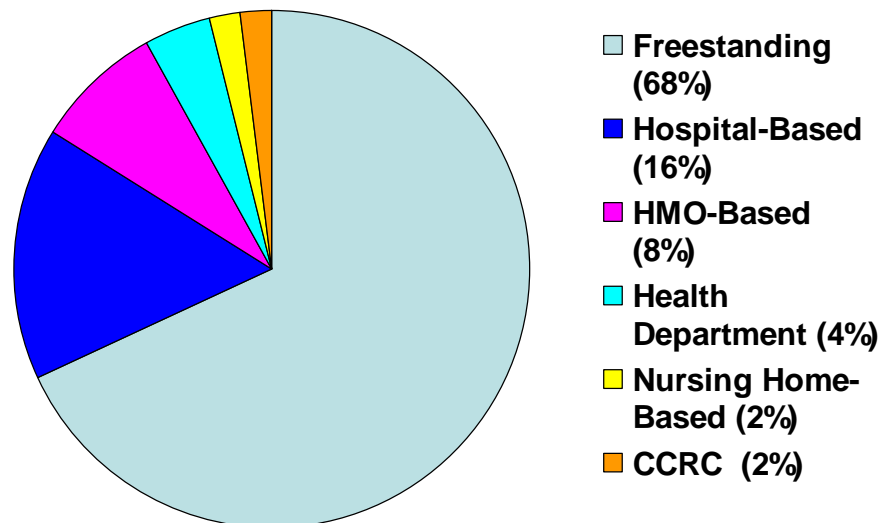
OVERVIEW OF HOME HEALTH AGENCY CHARACTERISTICS AND UTILIZATION

Agency Type and Ownership

Statewide, 51 home health agencies (HHAs) were licensed to serve Maryland jurisdictions in fiscal year 2004. Of these, three home health agencies (Home Health Connection, Kelly Home Care Services, and Tri-State Home Health & Equipment Services) did not have Medicare certification. Five of the remaining 48 Medicare-certified HHAs had a bifurcated license to operate non-Medicare or private entities.

About two-thirds of the 51 agencies were freestanding (refer to Figure 1). Hospital-based agencies accounted for 8 of the 51 Maryland home health agencies; one agency was nursing home-based; and one agency was part of a continuing care retirement community (CCRC). There were two agencies operated by county health departments in Baltimore County and Garrett County in fiscal year 2004. Four home health agencies were operated by a health maintenance organization in fiscal year 2004.

Figure 1
Percent Distribution of Home Health Agencies by Agency Type:
Maryland, Fiscal Year 2004



Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004

Data reported on agency ownership in fiscal year 2004 indicate that over one-half of all agencies are private for-profit (29 agencies or 57 percent), while less than half (20 agencies or 39 percent) are private not-for-profit; and two agencies are government operated by local county health departments.

Volume of Admissions

In fiscal year 2004, agencies licensed in Maryland reported a total of 93,462 admissions for home health agency care. As shown in Table 1, which summarizes the distribution of admissions by agency type in fiscal year 2004, freestanding agencies accounted for the greatest proportion of home health agency admissions. This is due to the fact that about two-thirds of Maryland's home health agencies were freestanding.

Table 1
Number and Percent Distribution of Home Health Agency Admissions
by Agency Type: Maryland, Fiscal Year 2004

Agency Type	Number of Licensed Agencies	Number of Admissions	Percent of Total Admissions
Freestanding Agency	35*	64,980	69.53%
Hospital-Based Agency	8	16,736	17.91%
HMO-Based Agency	4	9,351	10.00%
Government Health Department	2	1,139	1.22%
Nursing Home-Based Agency	1	281	0.30%
Continuing Care Retirement Community- Based Agency	1	975	1.04%
MARYLAND TOTAL	51	93,462	100%

*Note: One freestanding agency serves CCRC residents only. Five of these freestanding agencies had a bifurcated license.

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Referral Sources for Home Health Agencies

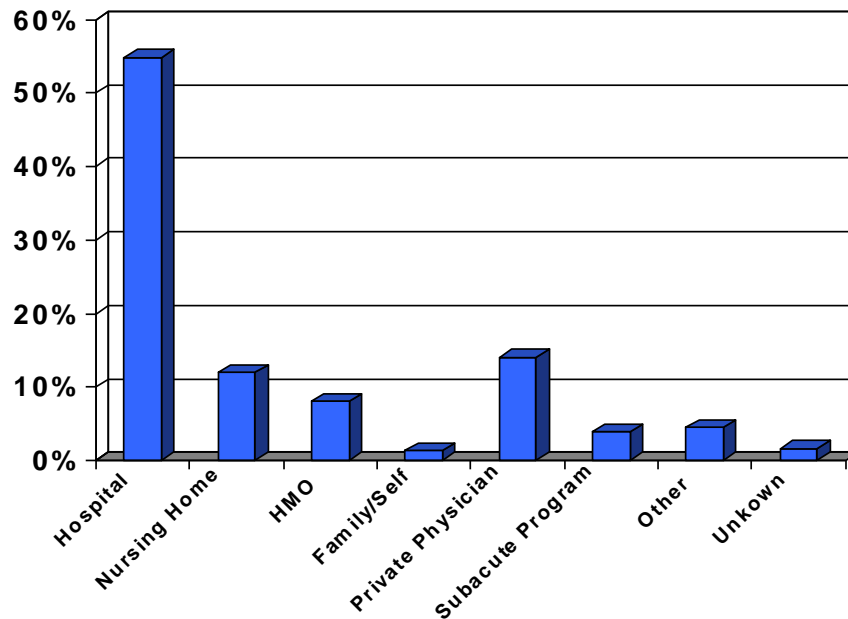
About 55 percent of fiscal year 2004 admissions were referred to home health agency care by hospitals (refer to Table 2). Referrals to home health agencies by private physician offices accounted for about 14 percent of home health agency admissions. The remaining admissions were referred by nursing homes (11.93 percent), HMOs (8.01 percent), family/self/friends (1.29 percent), subacute care programs (3.88 percent), and other referral sources (4.45 percent) (refer to Figure 2). The source of referral was reported as unknown for less than two percent of fiscal year 2004 admissions.

Table 2
Number and Percent Distribution of Home Health Agency Admissions
by Referral Source: Maryland, Fiscal Year 2004

Referral Source	Number of Admissions	Percent of Total
Hospital	51,254	54.84%
Nursing Home	11,149	11.93%
HMO	7,483	8.01%
Family/Self/Friend	1,206	1.29%
Private Physician Office	13,124	14.04%
Subacute Program	3,625	3.88%
Other	4,161	4.45%
Unknown	1,460	1.56%
MARYLAND TOTAL	94,755	100.00%

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Figure 2
Percent Distribution of Home Health Agency Admissions by
Referral Source: Maryland, Fiscal Year 2004



Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004

Average Length of Care (Days) per Home Health Client and Average Visits per Medicare Home Health Client

On average, clients were under home health agency care for 39.4 days (refer to Table 3). The length of home health care by agency type ranged from an average of 57 days (as reported by one Continuing Care Retirement Community (CCRC-based agency) to 26.0 days (as reported by the two county health department agencies) in fiscal year 2004. Overall, home health agencies licensed and Medicare-certified in Maryland reported an average of 16.1 visits per Medicare client in fiscal year 2004. The volume of visits per Medicare client ranged from a high of 19.0 for the CCRC-based agency, to a low of 11.0 for the two government county health department agencies.

Table 3
Average Length of Care (Days) per Client and Visits per Medicare Client
by Agency Type: Maryland, Fiscal Year 2004

Agency Type	Average Length of Care (Days) per Client	Average Visits per Medicare Client
CCRC-Based Agency	57.0	19.0
Government Health Department	26.0	11.0
Hospital-Based Agency	32.3	17.6
Nursing Home-Based Agency	27.0	13.0
HMO-Based Agency	31.3	14.8
Freestanding Agency	41.9	16.3
MARYLAND AVERAGE	39.4	16.1

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Primary Diagnosis on Admission

The number of clients by selected primary diagnostic category on admission is summarized in Table 4. All circulatory system diseases combined accounted for the largest volume of clients reported in the Home Health Agency Annual Report for fiscal year 2004. Clients with circulatory system diseases accounted for 14.2 percent of all home health agency clients. Within the overall category of circulatory system diseases, clients with cerebrovascular disease on admission for home health agency care accounted for about three percent. Other leading circulatory system diseases receiving home health agency care included ischemic heart disease (2.4 percent) and combined pulmonary/hypertensive heart disease (1.1 percent).

Conditions in the perinatal period, combined with complications of pregnancy and postpartum care, accounted for the second largest volume of clients during fiscal year 2004, with 6.7 percent of all home health agency clients. Injuries/fractures and musculoskeletal system diseases were the third and fourth leading causes of admission for home health agency care, respectively, during fiscal year 2004. Fractures/injuries represented 6.3 percent of total home health agency clients in fiscal year 2004. Clients with a disease of the musculoskeletal system accounted for 6.0 percent of home health agency clients.

Other leading primary diagnoses on admission for home health agency clients included: respiratory system diseases (5.5 percent); neoplasms (3.9 percent); and diabetes mellitus (3.0 percent).

Table 4
Home Health Agency Clients by Primary Diagnostic Category on Admission:
Maryland: Fiscal Year 2004

Primary Diagnostic Category on Admission	Number of Clients	Percent of Total
CIRCULATORY SYSTEM	13,263	14.19%
Pulmonary Disease	320	0.34%
Hypertensive Disease	744	0.80%
Cerebrovascular Disease	2,776	2.97%
Ischemic Heart Disease	2,251	2.41%
Other Circulatory Diseases	7,172	7.67%
MENTAL DISORDERS	404	0.43%
RESPIRATORY DISEASES	5,182	5.54%
MUSCULOSKELETAL SYSTEM	5,620	6.01%
CONGENITAL ANOMALIES	360	0.39%
INJURIES/FRACTURES	5,887	6.30%
OTHER DIAGNOSES		
AIDS	50	0.05%
Neoplasms	3,629	3.88%
Diabetes Mellitus	2,785	2.98%
Conditions in Perinatal Period	3,325	3.56%
Complications of Pregnancy	2,435	2.60%
Newborn Failure to Thrive	113	0.12%
Postpartum Care and Exams	504	0.54%
ALL OTHER DIAGNOSTIC CODES	49,939	53.41%
MARYLAND TOTAL	93,496	100.00%

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Note: Based on a duplicated count of clients.

Disposition on Discharge from Home Health Agency

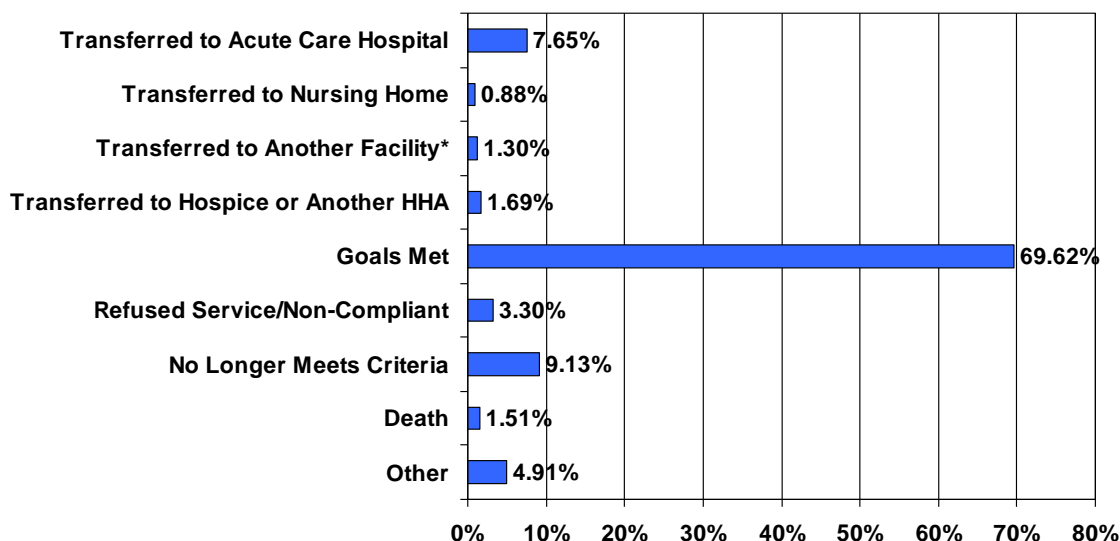
Data reported in the Home Health Agency Annual Report for fiscal year 2004 indicate that the vast majority (69.62 percent) of all clients were discharged with home health care goals met (Refer to Table 5 and Figure 3). Clients who no longer met criteria for home health agency care (including no longer homebound or requiring skilled nursing care, or denied benefits) accounted for 9.13 percent of total discharges from home health agency care. Transfers to acute care hospitals accounted for 7.65 percent of total discharges. Transfers to other health care facilities (including nursing homes, chronic hospitals, rehabilitation facilities, or hospice) or to another home health agency accounted for 3.87 percent of total discharges. The disposition of the remaining discharges from home health agencies were: death (1.51 percent); client refused services (2.52 percent); client was non-compliant (0.78 percent); and other (4.92 percent).

Table 5
Number and Percent Distribution of Home Health Agency Discharges
by Disposition: Maryland, Fiscal Year 2004

Disposition	Number of Discharges	Percent of Total
Transferred to Acute Care Hospital	6,864	7.65%
Transferred to Comprehensive Care/Extended Care Facility	793	0.88%
Transferred to Chronic Hospital	146	0.16%
Transferred to Rehabilitation Facility	1,026	1.14%
Transferred to Hospice	1,067	1.19%
Transferred to Another HHA	446	0.50%
Goals Met	62,507	69.62%
Client Refused Services	2,265	2.52%
Client No Longer Meets Criteria	8,200	9.13%
Client Non-Compliant	698	0.78%
Death	1,355	1.51%
Other	4,410	4.91%
MARYLAND TOTAL	89,777	100.00%

Source: Maryland Health Care Commission. Home Health Agency Annual Report, Fiscal Year 2004.

Figure 3
Percent Distribution of Home Health Agency Discharges by Disposition:
Maryland, Fiscal Year 2004



* Includes chronic hospital and rehabilitation facility.

Source: Maryland Health Care Commission. Home Health Agency Report, Fiscal Year 2004.

Total Visits and Average Cost per Visit by Discipline

Statewide, the average cost per visit for skilled nursing was \$147.11 in fiscal year 2004. For home health aide services, the cost per visit averaged \$68.41. Table 6 summarizes data on total visits and the average cost per visit for the following disciplines: skilled nursing; home health aide services; occupational therapy; physical therapy; speech/language therapy; and medical social work.

Table 6
Total Visits and Average Cost per Visit by Type of Discipline:
Maryland, Fiscal Year 2004

Discipline	Total Visits	Average Cost per Visit
Skilled Nursing	609,029	\$147.11
Home Health Aide	178,808	\$ 68.41
Occupational Therapy	86,400	\$122.02
Physical Therapy	434,205	\$121.77
Speech/Language Therapy	15,703	\$117.90
Medical Social Work	11,516	\$192.29

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Home Health Agency Net Revenues by Payer Type

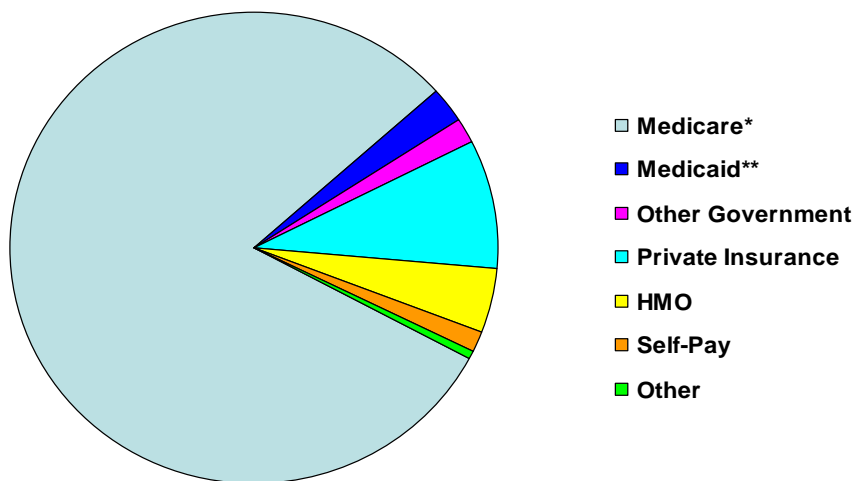
During fiscal year 2004, home health agencies licensed to serve Maryland jurisdictions reported total net revenues of \$ 193,690,276. The largest proportion of home health agency care was financed by the Medicare program. The distribution of total net revenues by payer source is shown in Table 7 and Figure 4.

Table 7
Maryland Home Health Agency Net Revenues by Payer Type:
Fiscal Year 2004

Payer Type	Net Revenue	Percent of Total Net Revenue
Medicare (Traditional)	\$155,815,641	80.45%
Medicare+Choice	\$37,295	0.02%
Medicaid (Traditional)	\$3,447,980	1.78%
Medicaid Health Choice	\$1,687,958	0.87%
Other Government	\$2,970,192	1.53%
Private Insurers	\$17,070,597	8.81%
HMO	\$8,790,054	4.54%
Self Pay	\$2,578,337	1.33%
Other	\$1,255,829	0.65%
Unknown	\$36,394	0.02%
MARYLAND TOTAL	\$193,690,276	100.00%

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Figure 4
Percent Distribution of Home Health Agency Net Revenues
by Payer Type: Maryland, Fiscal Year 2004



*Medicare combines Medicare Traditional and Medicare+ Choice.

**Medicaid combines Medicaid Traditional and Medicaid Health Choice.

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004

Home Health Agency Personnel

Home health agencies reported employing a total of 2,559 full-time equivalent personnel in fiscal year 2004. Personnel involved in direct patient care accounted for about 66 percent (1,689) of the full-time equivalent staff. The remaining staff (870) were responsible for administrative functions.

USE OF HOME HEALTH AGENCY SERVICES BY MARYLAND RESIDENTS

Age of Maryland Home Health Agency Clients

More than one-half (61 percent) of Maryland residents using home health agency services in fiscal year 2004 were 65 years of age and older. Clients 65 to 74 years of age accounted for 18.81 percent and clients 75 to 84 years of age accounted for 26.94 percent of Maryland resident utilization. The 85 and older age group represented 15.23 percent of total Maryland residents receiving home health agency care.

The distribution of the remaining Maryland clients by age group was as follows: under five years, 5.43 percent; 5 to 14 years, 0.81 percent; 15 to 24 years, 2.14 percent; 25 to 44 years, 7.48 percent; and 45 to 64 years, 20.7 percent. Age was reported as unknown for 2.46 percent of Maryland residents receiving home health agency care in fiscal year 2004. The distribution of Maryland residents utilizing home health agency services by age group in fiscal year 2004 is summarized in Table 8 and Figure 5.

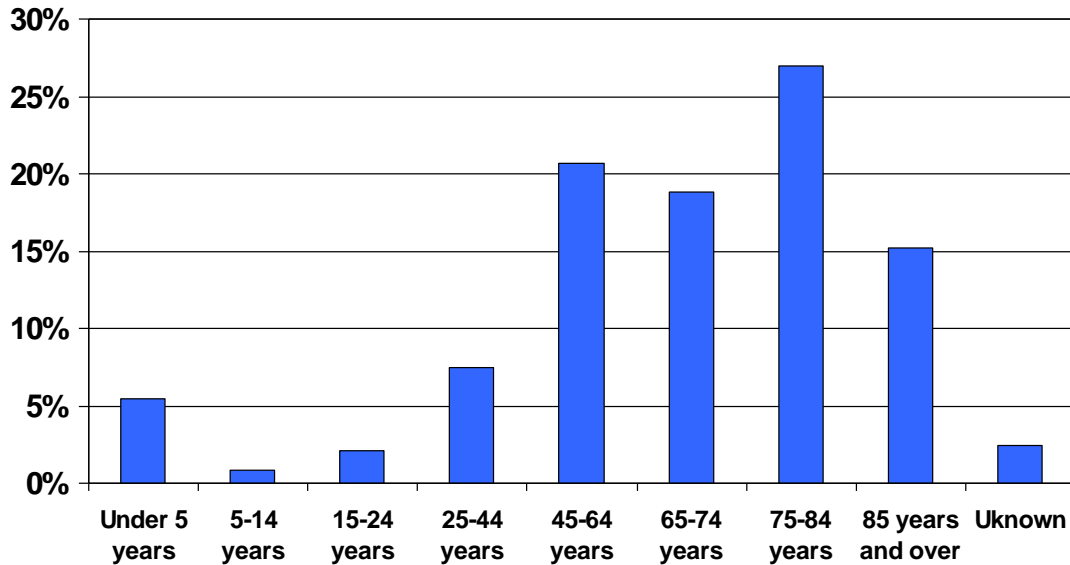
Table 8
Maryland Home Health Agency Clients by Age Group: Fiscal Year 2004

Age Group	Number of Clients	Percent of Total
Under 5 years	4,964	5.43%
5-14 years	739	0.81%
15-24 years	1,959	2.14%
25-44 years	6,836	7.48%
45-64 years	18,922	20.70%
65-74 years	17,199	18.81%
75-84 years	24,636	26.94%
85 years and older	13,925	15.23%
Unknown	2,251	2.46%
MARYLAND TOTAL	91,431	100.0%

Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004.

Note: Based on an unduplicated count of clients.

Figure 5
Percent Distribution of Maryland Home Health Agency Clients
by Age Group: Fiscal Year 2004



Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report, Fiscal Year 2004. Note: Based on an unduplicated count of clients.

Maryland Home Health Agency Clients by Payer Type

Data reported in the Home Health Agency Annual Report indicate that 91,431 Maryland residents (unduplicated count of clients) received home health agency care in fiscal year 2004. (Refer to Table 9.) The combined Medicare (traditional) and Medicare + Choice programs financed 63.16 percent of Maryland residents' home health agency services. The combined Medicaid (traditional) and Medicaid Health Choice programs paid for 4.68 percent of home health agency care for its Maryland residents. Private insurers paid for the home health agency care provided to 13.92 percent of Maryland clients. Other payment sources for Maryland residents using home health agency services in fiscal year 2004 included: Health Maintenance Organizations (HMOs), 11.97 percent; other government, 2.04 percent; self pay, 0.94 percent; and other plus unknown, a combined 3.29 percent.

Table 9
Maryland Home Health Agency Clients by Payer Type:
Fiscal Year 2003

Payer Type	Number of Clients	Percent of Total
Medicare (Traditional)	55,958	61.20%
Medicare + Choice	1,792	1.96%
Medicaid (Traditional)	2,002	2.19%
Medicaid Health Choice	2,276	2.49%
Other Government	1,868	2.04 %
Private Insurers	12,725	13.92%
HMO	10,942	11.97%
Self Pay	864	0.94%
Other	1,179	1.29%
Unknown	1,825	2.00%
MARYLAND TOTAL	91,431	100.00%

Source: Maryland Health Care Commission. Home Health Agency Annual Report for Fiscal Year 2004.

Note: Based on an unduplicated count of clients.

Maryland Home Health Agency Visits by Payer Type

In Fiscal Year 2004, about 75 percent of home health agency visits for Maryland residents were paid for by the combined Medicare (traditional) and Medicare + Choice programs. (Refer to Table 10 and Figure 6.) Clients enrolled in the traditional Medicare program had an average of 17.04 visits per client, while those enrolled in the Medicare + Choice program had an average of 2.82 visits per client. The combined Medicaid programs (Medicaid Traditional plus Medicaid Health Choice) accounted for 3.3 percent of total home health agency visits. On average, Medicaid (traditional) clients had 13.15 visits, and Medicaid Health Choice clients had 6.8 visits. Home health agency clients financed by private insurers represented 9.11 percent of total Maryland home health agency visits, with an average of 9.21 visits per client. HMO clients' utilization represented 6.93 percent of Maryland's total home health agency visits, with an average of 8.14 visits per HMO client. The remaining visits were financed by: other government payers (1.86 percent, with an average of 12.81 visits per client); self pay (1.19 percent, with an average of 17.63 visits per client); other (1.46 percent, with an average of 15.89 visits); and, unknown (1.64 percent, with an average of 11.55 visits per client). Statewide, the average number of visits per client was 14.06 visits.

Table 10
Maryland Home Health Agency Visits and Average Visits per Client
by Payer Type: Fiscal Year 2004

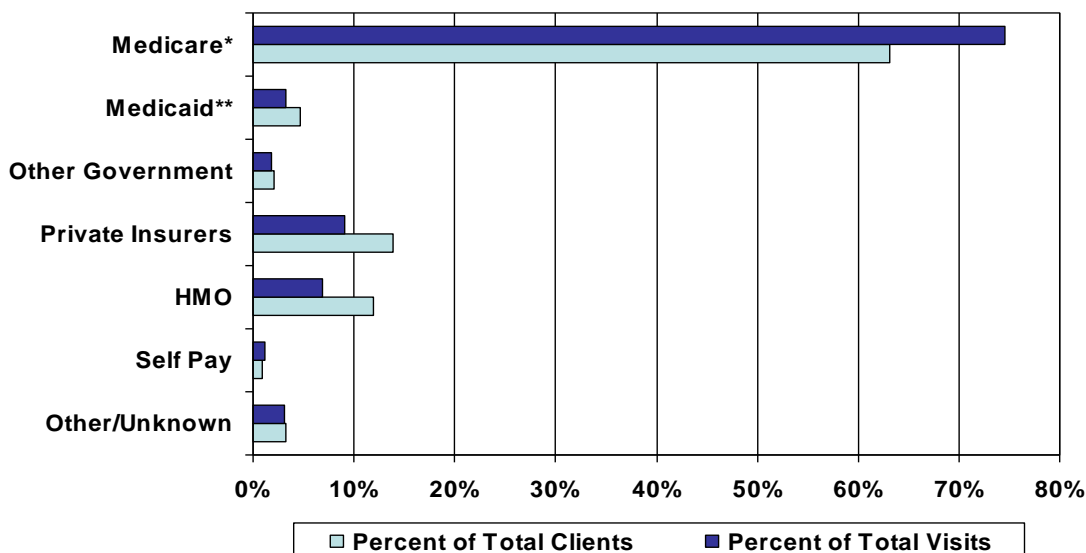
Payment Source	Number of Visits	Percent of Total	Average Visits Per Client*
Medicare (Traditional)	953,391	74.17%	17.04
Medicare + Choice	5,046	0.39%	2.82
Medicaid (Traditional)	26,327	2.05%	13.15
Medicaid Health Choice	15,484	1.20%	6.80
Other Government	23,935	1.86%	12.81
Private Insurers	117,144	9.11%	9.21
HMO	89,045	6.93%	8.14
Self Pay	15,235	1.19%	17.63
Other	18,729	1.46%	15.89
Unknown	21,074	1.64%	11.55
MARYLAND TOTAL	1,285,410	100.00%	14.06

Source: Maryland Health Care Commission. Home Health Agency Annual Report for Fiscal Year 2004.

Note: Based on an unduplicated count of clients.

* The average number of visits per client by payer type is calculated by dividing the number of visits by the number of clients, by payer type.

Figure 6
Percent Distribution of Home Health Agency Clients and Visits
by Payer Type: Maryland, Fiscal Year 2004



Source: Maryland Health Care Commission. Maryland Home Health Agency Annual Report for Fiscal Year 2004.

*Medicare combines traditional and Medicare+Choice programs

**Medicaid combines traditional and Medicaid Health Choice programs.

APPENDIX A
DETAILED TABLES

LIST OF DETAILED TABLES

Appendix Table 1: Home Health Agency Ownership, Agency Type and Medicare Certification by Agency: Maryland, FY 2004

Appendix Table 2: Admissions, Discharges, Average Length of Care, and Average Visits per Medicare Client by Home Health Agency: Maryland, FY 2004

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Appendix Table 21: Number of Home Health Agency Clients by Jurisdiction of Residence, Age Group and Geographic Region: Maryland, FY 2004

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Appendix Table 24: Percent Distribution of Home Health Agency Visits by Jurisdiction of Residence, Age Group and Geographic Region: Maryland, FY 2004

APPENDIX B
TECHNICAL NOTES

TECHNICAL NOTES

Scope of the Report

This report provides data for the 51 home health agencies licensed under COMAR 10.07.10 to provide services in Maryland during fiscal year 2004. In Maryland, there are various types of home care services provided to sick or disabled persons in their own place of residence. The range of home care services includes, but is not limited to, home health agencies (HHAs), residential service agencies (RSAs), nurse staffing agencies, and nursing referral service agencies. The Maryland Health Care Commission regulates through its Certificate of Need (CON) program only one of these entities, that is, home health agencies. Therefore, this statistical profile is for licensed home health agencies (HHAs) only, as defined by COMAR 10.07.10. Data on other agencies that provide services in the home, such as residential service agencies (RSAs), nurse staffing agencies, and nursing referral service agencies, that are not licensed under COMAR 10.07.10 as HHAs, are excluded from this report.

Maryland's licensing statute defines "home health agency" as "a health-related institution, organization, or part of an institution that: (1) is owned or operated by one or more persons, whether or not for profit and whether as a public or private enterprise; and (2) directly or through a contractual arrangement, provides to a sick or disabled individual in the residence of that individual, skilled nursing services, home health aide services, and at least one other home health care service that are centrally administered."² Only home health agencies meeting requirements under Maryland licensure regulation, COMAR 10.07.10.02, may be certified to receive Medicare reimbursement.

The data summarized in this report include both general and specialty home health agencies. Specialty home health agencies can provide: 1) services exclusively to the pediatric population; 2) an array of services exclusively to a population group limited by the nature of its diagnosis or medical condition; 3) to all population groups a highly limited set of services that can offer acceptable quality only through specialized training of staff and an adequate volume of experience to maintain specialized skills; or 4) services exclusively to the residents of a specific continuing care retirement community (CCRC). This 2004 report includes the following four specialty home health agencies: Charlestown Community, Home Health Care Services, Home Health Connection and Omni Nurse Associates. General home health agencies refer to a home health agency that provides a full range of home health services not restricted as a specialty home health agency.

Data Source

Under COMAR 10.07.11, licensed home health agencies in Maryland are required to submit an annual report in the format prescribed by the Secretary of the Department of Health and Mental Hygiene. Section 11D of these regulations requires that the report be submitted within 90 days of the close of the agency's fiscal year. The

² Health-General Article §19-491, Annotated Code of Maryland.

Home Health Agency Annual Report survey, conducted by the Maryland Health Care Commission, constitutes the format prescribed by the Secretary. The Annual Report is organized in two parts. Part I of the Annual Report survey requests information pertaining to the overall operation of the agency, including: agency type; volume of admissions; source of referrals; disposition of clients; average visits per Medicare clients; average length of care; total visits and average cost per visit by discipline; number of clients and visits by primary diagnosis on admission; and net revenues by payer type. Part II of the Annual Report survey requests information on the demographic characteristics and use of home health agency services for the clients served in each Maryland jurisdiction.

Fiscal Year 2004 Reporting Periods

Not all of Maryland's home health agencies have the same 12-month fiscal year period. The fiscal year 2004 reporting periods included in this report have six different ending dates ranging from January 1, 2004 to December 31, 2004. The following table outlines agencies' fiscal year reporting period ending dates and number of corresponding agencies:

Fiscal Year Report Period Ending Dates	Number of Home Health Agencies
January 1, 2004	1
March 31, 2004	2
June 30, 2004	25
July 1, 2004	1
September 30, 2004	1
December 31, 2004	21
TOTAL	51

Given the various fiscal year report period ending dates for home health agencies in Maryland, the first fiscal year in which all home health agencies were operating for a full 12-month period under Medicare's new Prospective Payment System was fiscal year 2002.³

³ Significant modifications to the Medicare program, especially for home health, were addressed in the Balanced Budget Act (BBA) of 1997. The BBA provided for the establishment of a Prospective Payment System for all costs of home health services, and, during the development of PPS, made immediate, incremental changes to Medicare's cost-based reimbursement system in an Interim Payment System (IPS) which took effect October 1, 1997. The IPS was replaced with Medicare's new Prospective Payment System (PPS) which went into effect October 1, 2000. Given the various fiscal year reporting periods, certain Maryland home health agencies were straddling their 12-month reporting periods for fiscal years 2000 and 2001 between Medicare's IPS and PPS reimbursement methods.

Definition of Terms

Admission – the acceptance of a client for home health agency services.

Client – a recipient of home health agency services.

Duplicated Data – means that a client will be counted more than once if he/she was admitted more than one time during the fiscal year reporting period.

Full-Time Equivalent (FTE) Personnel – refers to an employee or independent contractor who worked 2,080 hours during the fiscal year reporting period.

Unduplicated Data – means that the client should be counted only once during the fiscal year reporting period.

Visit – refers to any personal contact provided to a client in their place of residence by: a health worker; home health agency staff; or, contractual agreement with the home health agency. It should be further noted that if both a physical therapist and a nurse provide home services on the same day, it is counted as two visits. However, if a nurse provides multiple care during a visit, it is counted as one visit. Includes all visits made during the reporting period.